

Medical University of South Carolina

**MEDICA**

---

MUSC Theses and Dissertations

---

2019

## **The Risk Spiral Model: Systemic Factors That Feed Mass Incarceration, High Risk Behaviors, HIV and Other Sexually Transmitted Infections for African American Males**

Lauresa Washington McCoy  
*Medical University of South Carolina*

Follow this and additional works at: <https://medica-musc.researchcommons.org/theses>

---

### **Recommended Citation**

McCoy, Lauresa Washington, "The Risk Spiral Model: Systemic Factors That Feed Mass Incarceration, High Risk Behaviors, HIV and Other Sexually Transmitted Infections for African American Males" (2019). *MUSC Theses and Dissertations*. 223.  
<https://medica-musc.researchcommons.org/theses/223>

This Dissertation is brought to you for free and open access by MEDICA. It has been accepted for inclusion in MUSC Theses and Dissertations by an authorized administrator of MEDICA. For more information, please contact [medica@musc.edu](mailto:medica@musc.edu).

THE RISK SPIRAL MODEL: SYSTEMIC FACTORS THAT FEED MASS  
INCARCERATION, HIGH RISK BEHAVIORS, HIV AND OTHER SEXUALLY  
TRANSMITTED INFECTIONS FOR AFRICAN AMERICAN MALES

BY

Lauresa Washington McCoy

A doctoral project submitted to the faculty of the Medical University of South Carolina  
in partial fulfillment of the requirements for the degree Doctor of Health Administration  
in the College of Health Professions

© Lauresa Washington McCoy 2019 All rights reserved

## ACKNOWLEDGEMENTS

I would like to express my very great appreciation to Dr. Kit Simpson and Dr. Jillian Harvey for their valuable instruction during the planning and development of this research work. I would especially like to thank committee member, Dr. Stanley Andrisse. Dr. Andrisse has certainly offered the “reality check” for this project to include recommendations for appropriate lexicon, development of effective engagement guidance, and more importantly caution that I would not appear as an advocate but a public health practitioner hoping to influence the population health of a community. Nobody has been more important to me in the pursuit of this project than the members of my family and circle of friends. Each of them encouraged and forced me to achieve a daily or weekend writing goal. I would like to thank my parents, whose love and guidance are with me in whatever I pursue and at whatever cost. My oldest sister, niece, and bonus moms have been the ultimate cheering squad and wellspring of encouragement. I also offer a special thanks to the staff of the HIV/AIDS Bureau/Office of Operations and Management for handling the chaos during my absence as a full-time student and reassuring me that I always made their professional development a priority as well.

## Table of Contents

List of Tables .....	iv
CHAPTER I: INTRODUCTION.....	1
Background.....	3
Problem Statement .....	6
Research Question .....	7
Population .....	7
Purpose of the Study .....	8
Significance of the Study .....	8
Significance for Research and Theory .....	9
Significance for Practice and Policy .....	11
Conclusion .....	12
CHAPTER II: SCOPING LITERATURE REVIEW .....	14
Theoretical Framework.....	15
Historical Overview .....	19
Contemporary Trends .....	21
Associated Risk Factors.....	27
Poverty and Incarceration .....	28
Stable Housing.....	29
Post-Release Hurdles .....	31
Destabilized Relationships.....	31
Consequences of Incarceration .....	32
Prevention and Care .....	34
Conclusion .....	39
CHAPTER III: METHODOLOGY .....	41
Research Method .....	41
Research Design .....	42
Research Question .....	44
Data Collection .....	45
Data Analysis.....	49
Conclusion .....	53
CHAPTER IV: MANUSCRIPT .....	62
References.....	66

## List of Tables

Table 1. Contributing Factors Influencing African American Mass Incarceration .....	21
Table 2. Characteristics of the Life Experience of the Incarcerated African American Male .....	23

## List of Figures

Figure 1. Conceptual Framework for Understanding African American Male

Mass Incarceration ..... 59

Abstract of Doctoral Project Presented to the  
Executive Doctoral Program in Health Administration & Leadership  
Medical University of South Carolina  
In Partial Fulfillment of the Requirements for the  
Degree of Doctor of Health Administration

THE RISK SPIRAL MODEL: SYSTEMIC FACTORS THAT FEED MASS  
INCARCERATION, HIGH RISK BEHAVIORS, HIV AND OTHER SEXUALLY  
TRANSMITTED INFECTIONS FOR AFRICAN AMERICAN MALES

By

Lauresa Washington McCoy

Chairperson: Dr. Kit Simpson  
Committee: Dr. Jillian Harvey  
Dr. Stanley Andrisse

The U.S. corrections system continues to have an overrepresentation of black males. A long legacy of practices, including convict leasing, lynchings, and police brutality, have shaped the history of African American males and the criminal justice system (Mauer, 1999). Few studies exist on the impact of mass incarceration in African American communities and its contributory impact on the degradation of the public health infrastructure within these communities. In this qualitative study, the researcher will capture and analyze the flow of African American males before, during and after incarceration and the associated prevalence of Human Immunodeficiency Virus, other Sexually Transmitted Infections, and engagement in high-risk behaviors. Specifically, the researcher will identify the supports needed and the strategies employed by

individuals, communities, and public health infrastructure to protect health before, during and after incarceration. Through this in-depth review of grey literature and secondary information via listservs, blogs, and documentary viewings the researcher will increase the amount of knowledge regarding effective public health policy interventions at both the state and local community levels as well as national to influence the growing incarceration rates and decrease high-risk disease and behaviors amongst this population.

*Key words:* mass incarceration, public health, re-entry, sexually transmitted infections/diseases, risk behavior, HIV/AIDS, African Americans/black, males, heterosexual



## CHAPTER I:

### INTRODUCTION

The differences in incarceration rates between communities of color, especially African-American communities, compared to Whites has been a topic of social justice research and discussion for many years (Olson, 2016; Tucker, 2015). The difference leads to attributable psychological and behavioral problems and to disparities in areas including economic, housing, employment, education, health; and family disintegration (Jäggi, Mezuk, Watkins, & Jackson, 2016; Massoglia & Pridemore, 2015; Neblett, 2019). The rates at which African American males have come under some form of criminal justice supervision has created a complex set of consequences that affect not only individual victims and people (including African American males) convicted of crimes, but families and communities as a whole (DeHart, Shapiro, & Clone, 2018; Washington, 2018; Wildeman & Wang, 2017). Misunderstanding also surrounds the public health impact of incarceration among African-American males and their communities (Jee-Lyn García & Sharif, 2015; Massoglia & Pridemore, 2015).

One of the lasting impacts of incarceration is the exposure to infectious disease, such as Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs), as well as increased engagement in high-risk behaviors, such as drug misuse (Khan et al., 2017). While particular conditions vary among correctional facilities, there is a high prevalence of conditions that provide incarcerated males with

opportunities to engage in higher-risk behaviors, such as drug use and sexual activity (Coatsworth et al., 2017). Scholarly literature has reported sexual activity and illegal use of drugs in prisons, despite denial by correctional facility administrators (McCarthy, Myers, Reeves & Zack, 2016).

Statistics suggest that African Americans account for 40% of the incarcerated population in the United States (Rowell-Cunsolo, El-Bassel & Hart, 2016). Research conducted across correctional facilities in the United States has suggested that of all the African American men infected with HIV/AIDS, 22-28% have been a part of correctional institutions (Rowell-Cunsolo et al., 2016). Although African Americans only make up 13% of the population in the United States, they represent 44% of those with new infections of HIV infections (Rowell-Cunsolo et al., 2016). Stemming from the widespread lack of condoms and sterile syringes and needles, high-risk drug-related and sexual behavior in prisons poses higher risks than those same behaviors in the environment outside of prison (Coatsworth et al., 2017).

Researchers have suggested that high-risk behavior among incarcerated males, especially sexual activity, is a multi-faceted phenomenon that may take place across a continuum, ranging from coerced to consensual (Khan et al., 2017). Multiple and concurrent partnerships facilitate the transmission of STIs through sexual networks. Incarceration may contribute to high-risk sex partnerships because incarceration disrupts social and sexual networks (Khan et al., 2017). Research on prisons across Arkansas, California, Michigan, Illinois, and Texas has pointed to the violation of human rights of incarcerated people due to non-consensual or unprotected sexual contact in prisons (McCarthy et al., 2016). Such practices have been noted in federal legislation calling for

further research into the patterns and prevalence of high-risk behavior and infectious diseases in prisons, especially through sexual contact, with the purpose of informing policy changes aimed at decreasing associated risk (Rowell-Cunsolo et al., 2016). In the present study, the researcher seeks to provide suggestions for policy change by exploring the factors that determine ethnic and racial disparities in the spread of HIV among African-American males with experience of incarceration.

### **Background**

The United States has the world's highest ratio of citizen incarceration, with more than 1.5 million individuals incarcerated in federal or state prisons across the country (Olson, 2016). However, the high amount of incarceration has not been evenly distributed in terms of the characteristics of the population who compose the prison population (Neblett, 2019). African Americans, specifically, are incarcerated at significantly disproportionate rates (Khan et al., 2017). African Americans, who make up nearly 13% of the population in the United States, constitute approximately 40% the incarcerated population in the United States (Rowell-Cunsolo et al., 2016). African American males are six times more likely to be incarcerated than White males, and African American females are twice as likely to be incarcerated as White females (Rowell-Cunsolo et al., 2016).

Researchers have noted that these disparities in the rates of incarceration are due to the differences based on race that are applied during the enforcement of drug laws (Lobuglio & Piehl, 2015). For instance, in all the yearly marijuana-related arrests, African Americans were four times more likely to be arrested than Whites (Rowell-Cunsolo et al., 2016). It has been reported, however, that both Whites and Blacks use

marijuana at similar rates (Pelligrino, Zaitzow, Sothern, Scribner, & Phillippi, 2015).

Continuation of the current trends can lead to the rate of one in three African American males experiencing imprisonment at least once in their life (Rowell-Cunsolo et al., 2016).

Incarcerated people experience multiple safety and health challenges during incarceration. Researchers have reported higher risk of HIV as a result of incarceration (Farel et al., 2019). Additionally, researchers have documented incarcerated people who are affected by HIV during incarceration, estimating that of all the African American men infected with HIV/AIDS, 22-28% have been a part of correctional institutions at least once (Rowell-Cunsolo et al., 2016). Further, there is a higher prevalence among African American males of HIV/AIDS compared to the general population (Scheidell et al., 2016). There is a consistent increase in the rates of African Americans who have contracted HIV, even though that rate has remained stable among other population cohorts. African Americans have a disproportionately high rate of all new cases of HIV compared to their share in the general population of the United States (Rowell-Cunsolo et al., 2016). Researchers estimate that one in 32 African American females and one in 16 African American males will be found to be HIV positive during their lifetime (Rowell-Cunsolo et al., 2016). These rates are even higher in certain cities, such as New York City, where African Americans make up almost half of all those who have been diagnosed recently with HIV (Wildeman & Wang, 2017). Researchers also have reported that African Americans are more likely to be diagnosed at advanced stages of HIV and do not have adequate access to required care, which can lead to more deaths due to the disease (Rich et al., 2016).

Evidence suggests that high-risk behaviors, sexual contact that is not consensual or protected and the use of illegal drugs, take place at correction facilities (Washington, 2018). In general, prison administrators are often reluctant to provide support for harm-reduction strategies such as distributing condoms or exchanging syringes since such strategies can be viewed as being against the facilities' policies prohibiting illegal use of drugs and sexual behavior (Khan et al., 2017). Due to this, there are only a few prison institutions that have implemented programs for distributing condoms. No facilities in the United States offer programs for syringe exchange. This is despite the fact that research has shown such programs cost less and are less obtrusive to security (Scheidell et al., 2017). Consequently, incarcerated people engaging in high-risk behaviors such as drug use and sexual contact without access to services for protection against HIV (Rich et al., 2016).

Prisons cause disruption in the lives of the individuals who are incarcerated. Disruption with respect to sexual networks and drug use can lead to lack of access to sexual partners who are trusted and to the use of drug supplies that incarcerated people can trust (Seth, Raiford, & DiClemente, 2016). In turn, incarcerated people may have sexual contact or share syringes among themselves with unknown individuals, increasing the risk of spreading illnesses through blood (Brinkley-Rubinstein, 2015). Coercive sexual contact at prisons can also lead to higher risk of HIV. Consequently, African Americans who have been a part of the prison system are at a higher risk of HIV (Khan et al., 2018). Researchers have noted that prisons are ideal environments for instituting HIV interventions. While prison-based prevention services have increased, the literature is sparse regarding the African American population that is disproportionately affected by

this problem in terms of opportunities to improve community health, educational, and criminal justice systems in ways that lead to reduction in HIV infection (Kerr & Jackson, 2016). Improved understanding regarding the higher risk of HIV/AIDS among African Americans could facilitate the development and implementation of preventative programs and interventions that could improve this population's overall health (McCarthy et al., 2016).

### **Problem Statement**

Policy research reveals that increased prison-based prevention services have not included proportional attention to the African American segment of the population or potential behavior patterns and high risk behaviors that lead to infectious diseases (Neblett, 2019; Olson, 2016; Rowell-Cunsolo et al., 2016). African Americans represent 44% of the individuals diagnosed with new infections of HIV (Rowell-Cunsolo et al., 2016), despite making up just 14% of the overall population of the United States. Such disparities have been noted in federal legislation calling for further research with the purpose of providing policy change aimed at decreasing HIV risk (Battle, Bennett, & Lemelle, 2017). A gap in literature remains in terms of understanding the patterns and prevalence of high-risk behavior, especially sexual contact, that leads to infectious diseases in correctional facilities for African American incarcerated males (Rowell-Cunsolo et al., 2016). In this study, the researcher will explore the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African American males with incarceration experiences. Findings will inform suggestions for policy change.

### **Research Question**

The current increases in prison-based prevention services have not been accompanied by proportional attention for the African American males who are impacted most severely by increased disease risk as a result of incarceration. Research has specifically failed to provide adequate understanding of the patterns and prevalence of high-risk behaviors in correctional facilities, especially sexual contact, that lead to infectious diseases. Therefore, inadequate steps have been taken to enact policy change aimed at decreasing associated risk (Neblett, 2019; Olson, 2016; Rowell-Cunsolo et al., 2016). In order to address this problem, the researcher developed an overarching question that will be used to guide the research: “What are the factors that determine ethnic and racial disparities in HIV, other STIs, and high risk behaviors among African-American males with experience of incarceration?”

### **Population**

The general population of interest for this study consists of African American males who have been incarcerated at some point during their lifetime. In 2015, approximately 46.3 million African Americans were incarcerated. New York was the state with higher number of incarcerated Blacks (3.8 million), while the next highest percentages were seen in the District of Columbia, with 50.6 % of Black residents incarcerated, and Mississippi, with 38.2 % of Black residents incarcerated (Census Bureau Report, 2017).

For African American males living in distressed environments (those characterized by poverty, unemployment, and under-education), incarceration is virtually guaranteed. In inner city neighborhoods, up to one-fifth of the young men are behind

bars at any given time (Guo, 2016). Living in these distressed neighborhoods causes individuals to be significantly less healthy, hopeful, and happy (Chang, 2018). In 2016, the U.S. Centers for Disease Control and Prevention (CDC) reported that the HIV incidence rate for black men was more than six times that of White men and more than twice that of Hispanic men (CDC, 2016).

### **Purpose of the Study**

In this qualitative systematic review, the researcher will explore the factors that determine ethnic and racial disparities in the spread of HIV and other STIs among African-American males who experience disproportionately high incarceration rates in the United States. The phenomenon under study is the high ethnic and racial disparity in the spread of HIV and other STIs among African Americans compared to Whites and other ethnic and racial groups. In this study, the researcher will contribute to the existing research and provide suggestions for policy changes regarding the ethnic and racial disparities in the spread of HIV, other STIs and high-risk behaviors among African-American males with experiences of incarceration.

### **Significance of the Study**

Through the findings of this present study, the researcher will address a gap in the previous research resulting a limited focus on the African Americans who are disproportionately affected by the disparities in incarceration and the inadequate efforts to engage in reforms of the community health, educational, and criminal justice systems in ways that could lead to a reduction in HIV infection and other STIs as well as high risk behaviors. The researcher will present the views from the perspective and vantage point of those experiencing incarceration and the associated risks of incarceration. There are



other views to consider, however this research excludes those. The researcher's practical impact through this study will be to inform policies and recommend policy change because of the increased understanding of the factors that determine ethnic and racial disparities in the spread of HIV, other STIs, and high-risk behaviors among African-American males with experiences of incarceration.

### **Significance for Research and Theory**

The disproportionate incarceration rate of African American males presents a significant problem in African American communities. Factors contributing to the crisis include: poverty, a lack of adequate education, discrimination within the criminal justice system, disparities in sentencing legislation, the war on drugs, and the loss of employment (Coatsworth et al., 2017). Such factors contribute to various ethnic and racial health disparities, including those related to the spread of HIV, that must be addressed (Tucker, 2015). The reported rates of HIV infection among males who are incarcerated at levels 3-5 times higher than for the ordinary population reveal gaps in the prevention and treatment of HIV among the incarcerated population (Shrage, 2016). While public concern has increased regarding the rate of HIV infection among incarcerated African Americans, research has lagged in identifying and responding to specific problems and issues (Polcin, Korcha, Mericle, Mahoney, & Hemberg, 2017).

Risks associated with HIV among African American males as a result of incarceration influence African American communities in a variety of ways, including HIV treatment and outcomes (Massoglia & Pridemore, 2015). The problem of HIV infections rates among African American males has reached critical levels, requiring

further research aimed at obtaining a better understanding of the issue and mitigating the impact on African American communities.

Researchers have noted the need to determine the ways in which the incarceration itself as well as the disproportionality of incarceration experienced by African American males influence the outcomes of Black patients with HIV, both for the individuals themselves as well as for their broader communities. Limited literature exists regarding HIV-related outcomes among incarcerated African American males. Qualitative research findings have suggested negative impacts of incarceration (Jee-Lyn García & Sharif, 2015), providing a basic foundation that can be used to expand research in this field. By exploring the factors that determine ethnic and racial disparities in the spread of HIV and other STIs among African-American males who experience disproportionately high incarceration rates in the United States, the researcher aimed to generate findings that contribute to existing literature on the relationship between incarceration and HIV risk among African American males.

In this study, the researcher will explore the factors related to ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males, a population group that experiences disproportionately high incarceration rates in the United States. Through a review of existing literature, the researcher will identify the data lacking in the literature and the most important subjects for future study. The researcher will offer guidance for future research and make recommendations for future policy.

### **Significance for Practice and Policy**

Research has revealed that the engagement of African American males with the criminal justice system worsens the risks associated with HIV, but has offered few recommendations for addressing prevention in light of these racial disparities (Khan et al., 2017). Correctional program change and harm reduction strategies are key factors in decreasing the spread of HIV among imprisoned African American males, as well as related mortality and morbidity. This researcher, therefore, seeks to improve understanding of the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African American males with experiences of incarceration. The researcher also seeks to offer suggestions for policy changes aimed at developing effective correctional program change and harm reduction strategies.

Researchers have confirmed the cost-effective results for programming and intervention components, noting that such changes reduce the overall costs associated with HIV (Jäggi et al., 2016). In order to limit the spread of HIV, correctional facility administrators can collaborate with health departments and community agencies to supply high-quality care without compromising public and institutional safety (McCarthy et al., 2016). Researchers have also confirmed that programs aimed at prevention are capable of meeting the needs of the individuals involved in the criminal justice system (DeHart et al., 2018). Additionally, maintaining and developing support services, including connection with community health providers, can limit the disparities associated with HIV (Coatsworth et al., 2017). Through this study, the researcher will contribute insights regarding the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among incarcerated African-American males.

Public health practice and policy benefits from suggested improvements aimed at preventing HIV and other STIs in prisons and ensuring that individuals who are incarcerated have proper knowledge regarding prevention and have access to care. Through this study, the researcher will contribute to the existing efforts focused on limiting the spread of HIV, especially among African American males with records of incarceration. The researcher also will offer recommendations for developing adequate prison-based programs for health promotion, based on findings regarding the ethnic and racial disparities in the spread of HIV, other STIs, and reducing high-risk behaviors among African-American males. Health professionals and correctional officers will be aided in their efforts to decrease the health disparities that negatively impact African American males in regard to HIV and other STIs.

### **Conclusion**

Individuals, families, and communities are harmed by complex set of consequences stemming from the disproportionate rates at which African American males have come under some form of criminal justice supervision. Research regarding policies aimed at increasing prison-based prevention services has not included adequate attention for African American males. Few researchers have sought to understand this population group's patterns and prevalence of high-risk behaviors in correctional facilities – especially sexual contact – that leads to infectious diseases. Through this qualitative, systematic review, the researcher will explore the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males.

Through this present study, there researcher will contribute to the existing body of literature on the subject, with the goal of offering suggestions for policy change. In the following chapter, the researcher presents the scoping of the literature review.

## CHAPTER II:

### SCOPING LITERATURE REVIEW

The public health impact of incarceration among African-American males on their communities is unknown (Jee-Lyn García & Sharif, 2015; Massoglia & Pridemore, 2015). One of the lasting impacts of incarceration is the exposure to infectious disease, including HIV and other STIs, as well as increased engagement in drug-related high-risk behaviors (Khan et al., 2017). Incarcerated African American males are characterized by disadvantaged neighborhoods, lack of access to care, and absence of preventive care as adults before incarceration (Lobuglio & Piehl, 2015). Additionally, this population shows a lower incidence of HIV and Hepatitis C virus (HCV) infections and HIV/HCV co-infection during incarceration, but higher incidence of HIV and HCV after incarceration (Lobuglio & Piehl, 2015). Increases in prison-based prevention efforts have not included adequate attention to African American males, a group that is disproportionately affected by HIV risk during incarceration. Research has lagged in terms of understanding this group's patterns and prevalence of high-risk behavior in correctional facilities, especially sexual contact, that can lead to infectious diseases. Similarly, policy has been slow to reflect the necessary changes for decreasing associated risk (Neblett, 2019; Olson, 2016; Rowell-Cunsolo et al., 2016). Through this qualitative, systematic review, the researcher will explore the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males who experience disproportionately high incarceration rates in the United States.

In this chapter, the researcher presents a review of the existing literature that is relevant to the identified research phenomenon and research problem. The review

focuses on the prevalence of mass incarceration within communities of color. The researcher specifically presents a summative report of repeated themes that emerged in existing literature, using those themes to better describe the public health impact of the mass incarceration of African-American males in regard to the vulnerabilities associated with HIV other STIs, and other high-risk behaviors. These areas are key to progressively addressing the knowledge regarding the public health policy interventions at both the state and local levels that can effectively decrease high-risk sexual relationships and behaviors among heterosexual African American males. In the scoping literature review, the researcher consulted the following databases: Google Scholar, Educational Resource Information Center (ERIC), PubMed, Science Direct, and JSTOR. To insure the most current perspective, the researcher focused primarily on literature published within the last five years.

### **Theoretical Framework**

Alexander's (2012) New Jim Crow framework was selected as the theoretical foundation for this study. Alexander's (2012) framework is centered on the "war on drugs," described through an analogy with Jim Crow laws. The researcher also considered Forman's (2012) competing theory for a foundational framework. While Alexander (2012) considered the war on drugs to be the major reason for mass incarceration of African American males, Forman (2012) presented further explanation for African American incarceration rates. Although Forman (2012) noted the significant negative impact of the war on drugs, he contended that it was just one of the multiple factors causing mass incarceration of African Americans. The author opted to ground

this research study on Alexander's (2012) theoretical framework because of its most specific focus.

Alexander (2012) described mass incarceration as the New Jim Crow, suggesting that the United States used its power to incarcerate young, poor, African American males in the name of an inefficient and misleadingly titled war on drugs. Alexander (2012) argued that the war on drugs was a strategy for social control directed towards African Americans and other people of color much like the laws enacted in the Jim Crow era. According to Alexander (2012), the era of colorblindness that occurred following the civil rights movement led to the unacceptability of policies that seemed racist. In reaction, conservative politicians sought to continue the existing Jim Crow caste system by associating young African American males with criminal behavior. These politicians created the war on drugs in an effort to control and target minorities and gain back power in the new era after the civil rights movement. By associating African Americans with crimes, they could hold back, disenfranchise, and segregate this group.

Alexander (2012) noted that the disproportionate rate at which African Americans were caught up in the U.S. prison system was not a random development, but was an intentional outcome that was set in motion by politicians, supported by the judicial system, and enforced by police officers. The aim was to mark African Americans as criminals and identify Black communities as crime-prone areas. Alexander (2012) argued that the average U.S. citizens associates African American males with crime. Through the publicizing and sensationalizing of stories involving drug use among African Americans in predominantly Black communities following the commencement of the war on drugs, the image of African Americans in the public eye with respect to



drugs moved from a private affair to a national emergency. The combined impact of media coverage and political efforts led to the development of a negative image of African Americans.

Alexander (2012) argued that the war on drugs had a critical role in incarcerating African American males at higher rates than other population groups, thereby removing important contributors in African American communities and developing a modern iteration of a caste system – a New Jim Crow – similar to that of the Jim Crow era. Although Alexander (2012) discussed other factors leading to the higher prevalence of incarceration among African American males (i.e., violent crime, unemployment, inadequate literacy, and poverty), she contended that the war on drugs was the primary factor responsible for the modern caste system in the United States and that the war on drugs has deprived African Americans, especially African American males, of basic human rights. The nature of drug-related crime is such that even consensual use can lead to arrests. Thus, even when no police have been called by either party, police officers can arrest individuals. This leads to a more arbitrary and thus disproportionate enforcement of laws that targets African Americans.

In contrast, Forman (2012) stated that while the war on drugs was an important factor in the disproportionate incarceration of African Americans, many other factors must be viewed as being equally important. Forman (2012) rejected the labeling of mass incarceration through war on drugs as the New Jim Crow, noting that the analogy to the Jim Crow era does not take into account the beginning of mass incarceration. Forman (2012) suggests that the New Jim Crow label ignores the fact that there was an increase in actual crime. Forman (2012) highlighted the increase in street crimes between 1959 and

1971 and the increase in robbery and homicide rates between 1963 and 1974. Such developments, Forman (2012) argued, are neglected by those arguing for New Jim Crow framework.

Similar to the Alexander (2012) analogy with Jim Crow laws is that of racism at large and its root in the fabric and system of American society. The researcher introduces the influence of the critical race theory (CRT) to further inform the theoretical foundation for this study. Freeman et. al., (2017) describes structural racism as the macro-level systems that create, sustain, and reinforce inequities among racial and ethnic groups. The introduction of CRT to public health is an emergent theoretical framework, and does assert a scientific basis (Ford & Airhihenbuwa, 2018). CRT tools are designed to illuminate racial biases embedded in a field or in a study's aims, methods, conclusions, others, and the development of strategies to address them (Ford & Airhihenbuwa, 2018). Freeman et., al. (2017) discusses the "forms and effects of structural racism include social segregation, disproportionate criminalization, and unequal resources, including inequalities in access to high-quality, personalized HIV care, all of which are overlapping and mutually reinforcing".

In the proposed study, the researcher will use the Alexander's (2012) New Jim Crow concept and critical race theory as the theoretical framework, contending that the concept is supported by evidence and contains elements that are relevant to this study's focus on the African American males and African American communities that have been severely impacted by disproportionate law enforcement practices and pervasive racism. Although there may be different factors responsible for this, the fact that African

American communities and individuals have been disproportionately affected by correctional system cannot be denied. Thus, this researcher will lean on Alexander's (2012) New Jim Crow and CRT theoretical frameworks for the present study.

### **Historical Overview**

Historically, the policy environment associated with African American incarceration has been shaped by long-standing federal policies that imposed disparate treatment of African-Americans. Moreover, an overview of history suggests that the federal government used its financial and political power to incentivize incarceration policies and practices (Hinton, 2016). Private prisons have had an obvious incentive to keep people imprisoned as long as possible. The need for incarcerated people resulted in private prison companies, in effect, lobbying state and federal governments to maintain the current system of mass incarceration (Battle et al., 2017).

The term war on drugs, popularized in 1971, referred to the shift to mandatory sentencing laws for nonviolent drug offenses (Alexander, 2012). Against the backdrop of rising crime rates in the 1970s and 1980s, policy makers developed stricter punishments, giving more freedom to local police officials to arrest those involved in drug dealing activities (Alexander, 2012). The change in public perception, due to depictions by politicians and in media, led to judges, prosecutors, parole officers, and officials at correctional facilities dealing more strictly with those involved in drug-related crimes (Alexander, 2012). African American males have been disproportionately impacted by factors including: the federal system of laws and guidelines providing for longer-term sentences for those involved in crimes; the establishment in more than half of federal and state systems of three-strike rules; and laws for truth in sentencing (Alexander, 2012).

The federal Violent Crime Control and Law Enforcement Act of 1994 required states applying for federal grants for prison construction to show increased numbers of violent people convicted of crimes; increased overall prison time served by people convicted of crimes; and increased rates of sentences served by people convicted of crimes (National Academies Press, 2014). These changes provided financial incentives for intentionally increasing mass incarceration. Government funding at federal, state, and local levels often went to public and private correctional facilities without adequate accountability (Battle et al., 2017). This Act also blocked incarcerated individuals from accessing Pell Grants. The National Association for the Advancement for Colored People (NAACP) outlined additional contributing economic, environmental, and legal factors that played a role in the policymaking surrounding mass incarceration. These factors are presented in Table 1 below, categorized as environmental or policy influence. These factors suggest the historical development of incarceration trends that stretch into the contemporary era.

Table 1.  
*Contributing Factors Influencing African American Mass Incarceration*

Environmental Influence	Policy Influence
Inner city crime prompted by social and economic isolation	“Get tough on crime” and “war on drugs” policies
Crime/drug arrest rates: African Americans represent 12% of monthly drug users, but comprise 32% of persons arrested for drug possession	“Three Strikes”/habitual offender policies
35% of black children grades 7-12 have been suspended or expelled at some point in their school careers compared to 20% of Hispanics and 15% of whites	Zero tolerance policies as a result of perceived problems of school violence; adverse effect on black children
Shift from rehabilitative to punitive environment	Pell grants no longer accessible to incarcerated students

### Contemporary Trends

Incarceration rates have increased significantly since 1970, directly and indirectly impacting African American families in disproportionate ways. Since 1980, African American incarcerations have increased by 400% (Hinton, 2016). In addition to those who are incarcerated, five million more are on probation or parole (Hinton, 2016). Between 1986 and 1997, the rates of incarceration among African Americans doubled (Hinton, 2016). Researchers have estimated that one in three African American men will be imprisoned at some point during their lifetimes (Hinton, 2016). The imprisonment rates for Black men impact their families, with nearly one tenth of African American children estimated as having one parent currently in prison (Hinton, 2016).

In 2014, African Americans accounted for 2.3 million, or 34%, of the total correctional population (including those under community supervision) of 6.8 million (NAACP, 2017). Blacks are incarcerated at rates five times that of Whites (NAACP,

2017). Nearly half of Black males and almost 40% of White males are arrested by the time they are 23 years old (NAACP, 2017). The number of Americans with criminal records is about the same as the number of Americans with four-year degrees (NAACP, 2017). African American males have suffered disproportionately from social problems. These societal ills have emerged in education, housing, employment, health care, and the criminal justice system. Table 2 below shows the characteristics of the incarcerated African American male.

Table 2.  
*Characteristics of the Life Experience in the Incarceration Stages*

Pre incarceration	During incarceration	Post incarceration
<ul style="list-style-type: none"> <li>• Live within predominately minority districts</li> <li>• Disadvantaged neighborhoods (economically and socially)</li> <li>• Lower access to care</li> <li>• Absence of preventive care as adults; overuse of emergency rooms as primary source of care</li> <li>• Experience racialized acts of inequality</li> <li>• Underemployment or unemployment</li> <li>• High school dropout, GED holders</li> <li>• Placement in foster homes</li> <li>• Victimized by emotional and physical abuse</li> <li>• Witnessing violence or abuse</li> <li>• Absence of a father in their lives (due to incarceration)</li> <li>• Mental illness</li> <li>• Substance abuse, alcohol dependent</li> <li>• Multiple sex partners</li> </ul>	<ul style="list-style-type: none"> <li>• Unprotected male homosexual activity (consensual or non-consensual)</li> <li>• Misdiagnosed or untreated mental illness and substance abuse</li> <li>• Exposure to communicable disease tuberculosis, staph infections, influenza</li> <li>• Lower incidence of HIV and hepatitis C virus (HCV) infections, HIV/HCV coinfection</li> <li>• Mental illness</li> <li>• Substance abuse, alcohol</li> <li>• Increased hostility</li> <li>• Social introversion</li> </ul>	<ul style="list-style-type: none"> <li>• Return to disadvantaged communities</li> <li>• Easy exposure to criminal opportunities</li> <li>• Lack critical preventive health information, appropriate medical services, and other necessary support</li> <li>• Higher incidence of HIV and HCV</li> <li>• Destabilized existing relationships</li> <li>• Stigma and discrimination</li> <li>• Experience racialized acts of inequality</li> <li>• Underemployment or unemployment</li> <li>• Distrust of law enforcement</li> <li>• Minimal or no condom use</li> <li>• Engagement in sex work</li> <li>• Multiple sex partners</li> </ul>

Source: Lobuglio and Piehl (2015)

The negative consequences of high rates of incarceration consequently extend to the next generation of children. Children whose parents are imprisoned may develop negative emotions such as humiliation and shame, experiencing loss in their social status (Shrage, 2016). The changing economic circumstances of families experiencing imprisonment may also cause relocation of housing, ultimately resulting in loss of cohesion among neighborhoods due to transitory populations (Farel et al., 2019). In far

too many cases, the family incarceration dynamics are cyclical, with children becoming part of the vicious cycle and becoming people convicted of crimes themselves (Wildeman & Wang, 2017). The impact of the criminal justice system on communities goes beyond issues of well-being and family stabilization (Tucker, 2015).

In the contemporary environment, elected or appointed leaders favor policies for their constituents and expect votes, information, and financial support in return (Rich et al., 2016). This group includes elected sheriffs, district attorneys, and judges, all of whom impact the flow of individuals into the criminal justice system (Scheidell et al., 2017). The absence of incarcerated individuals is not accounted for in the figures that politicians and policymakers use to make decisions (McCarthy et al., 2016). In their stead, inmate and amnesty groups supply votes and public support to politicians and also demand benefits or reform for their constituents (Khan et al., 2017). These stakeholders are essential for reassessing policies that impact the social and moral fibers of their jurisdictions (Brinkley-Rubinstein, 2015).

Criminal justice stakeholders include correctional staff, parole and probation officers, and the court personnel who are essential for ensuring that African American males convicted of crimes are rehabilitated and connected with resources to improve their re-entry into communities (McCarthy et al., 2016). Community health service providers deliver care and treatment and are responsible for ensuring the health status of individuals within their communities (Rich et al., 2016). The role of community health service providers is significant when considered against the impact of incarceration on community health, which in turn influences the social ties within the community. For instance, evidence suggests an association between poorer health of the population and



incarceration (Turney, 2014). Community health service providers target the association that is most significant in this regard, which is the life expectancy of females and infant mortality (Turney, 2014). As these important demographic groups experience negative outcomes from African American incarceration, the impact on communities extends beyond health and destabilizes social ties, including primary intimate partnerships, some of which appear to be protective against multiple and concurrent partnerships (Scheidell et al., 2016). Incarceration physically divides partners, resulting in loneliness and emotional division and, in some cases, partnership dissolution (Farel et al., 2019).

After the incarceration, the absence of a stable sex partner combined with the stress of reintegration may lead newly released incarcerated African American males to engage in increased levels of multiple and concurrent partnerships (Shrage, 2016). This leads to the observed spike in HIV/AIDS rates among black women, assumed to be due primarily to their increased risk of having infected partners (Weathers, Fomotar, Maison-Fomotar, Hoffman, & Hudson, 2017). Given that some 14% of all Americans living with HIV cycle through the criminal justice system each year, these common treatment interruptions may play the most important role in the markedly increased likelihood of African Americans encountering sexual partners with HIV and who are not virally suppressed (Rich, Beckwith, & Macmadu, 2016). Virally suppressed individuals are those living with HIV who take medication daily as prescribed and achieve and maintain an undetectable viral load, having effectively no risk of sexually transmitting the virus to an HIV-negative partner (Health Resources and Services Administration, 2018).

The health and well-being of African American males should be a public health priority. Due to this, HIV prevalence is three to five times higher in prisons and jails than

in the general population. Black males continue to fare worse than Black women and White Americans in terms of life expectancy, infant health outcomes, age and cause-specific morbidity and mortality, insurance coverage, and access to adequate health care (Bond & Herman, 2016). Unfortunately, however, efforts to eliminate racial and ethnic inequities have often failed to include interventions for improving the health outcomes of African American males. Harm-reduction programs (i.e., programs that provide condoms or exchange clean needles) are almost non-existent in U.S. correctional facilities (Coatsworth et al., 2017), despite the fact that many incarcerated people (including African American males) are known to engage in consensual sex, drug use, and tattooing while in detention (Khan et al., 2018).

In addition, many prisons have high rates of violence, including sexual assault (Pelligrino et al., 2015). Incarceration also limits or interrupts access to health care (Wildeman & Wang, 2017). Within state and county jails, a total of approximately nine million separate individuals are involved in approximately 13 million admissions and releases annually (Battle et al., 2017). The high turnover creates challenges for screening and health care, and also creates opportunities for accessing a wide band of individuals who are otherwise difficult to access for public health initiatives and interventions. Approximately 95% of incarcerated individuals are eventually released into local communities nationwide (NAACP, 2017), accounting for more than 700,000 people convicted of crimes who will reenter neighborhoods across the country and continue or create new sexual relationships.

### **Associated Risk Factors**

African Americans face drug arrest and incarceration rates that are disproportionately high. Zero tolerance policies due to perceived school violence problems have adversely impacted Black children (Kerr & Jackson, 2016), with 35% of Black children in grades 7-12 being suspended or expelled at some point in their school careers compared to 20% of Hispanics and 15% of Whites (Battle et al., 2017). African Americans represent 12% of monthly drug users but comprise 32% of the individuals arrested for drug possession (Hinton, 2016). Some inner-city crime is prompted by social and economic isolation. Policies associated with the war on drugs and with mandatory minimum sentencing, especially disparities in sentencing for crack and powder cocaine possession, have also been identified among the causes for the disproportionate number of African Americans who are in prison (Hinton, 2016). In 2002, Blacks constituted more than 80% of the individuals sentenced under the federal crack cocaine laws and served substantially more time in prison for drug offenses than did Whites, despite the fact that more than two-thirds of crack cocaine users in the United States are White or Hispanic (Battle et al., 2017).

Individuals who are at risk of incarceration are at higher risk of HIV infection as well. Approximately 1.8% of incarcerated males at state prisons in the United States are known to be infected by HIV (Battle et al., 2017). Those who are incarcerated have a high likelihood of possessing characteristics associated with HIV infection and high-risk behavior (Pelligrino et al., 2015), including histories of assault and sexual abuse, mental illness, multiple sex partners, exchange of sex for drugs or money, low socioeconomic status, and drug use (Scheidell et al., 2017). Further, incarcerated people have a higher

likelihood of being African American compared to other ethnic or racial groups.

Findings also suggest that those infected with HIV are often incarcerated as part of the course of their disease and that a minimum of approximately 14% of American HIV patients are believed to be at some point incarcerated (Scheidell et al., 2017).

### **Poverty and Incarceration**

Numerous factors account for the difficulties of low-income Americans to escape poverty, including poor education, inadequate housing, and a lack of health insurance.

African Americans are the poorest ethnic group in the United States, having the lowest household median incomes for almost half a century (Renwick, 2015). Compared to the average income of \$53,657 across other races, the average income for African Americans is \$35,398 per year (Renwick, 2015). The income levels of African Americans have been decreasing since 2000, with poverty being a situation strongly correlated with poor health and high mortality (Renwick, 2015).

Low-income African American men have a 52% probability of being jailed, compared to the 14% probability faced by African American men with higher incomes (Renwick, 2015). A prison record puts an end to an individual's eligibility for public assistance such as food stamps, public housing, and student loans (Washington, 2018). Moreover, because most prospective employers ask about previous incarceration on job applications, African American men find it nearly impossible to obtain employment following incarceration (Farel et al., 2019). In the neighborhoods most targeted by law-enforcement surveillance, the likelihood of detainment is high. This, combined with an inability to gain legal representation and afford bail, leads to convictions with the judgment, "serve time" (Khan et al., 2018).

Inadequate health insurance or lack of health insurance among African Americans is both a public health challenge and a problem associated with poverty (Brinkley-Rubinstein, 2015). Understanding the disparities associated with health insurance helps assess the influence of the epidemic of HIV among African Americans (Douthit, Kiv, Dwolatzky & Biswas, 2015). African Americans not only have higher mortality and morbidity for diseases such as diabetes and HIV, they are also likely to experience difficulty accessing healthcare or to receive low quality health care compared to Whites (Dale, Bogart, Wagner, Galvan & Klein, 2014). Researchers note that solving the HIV epidemic will require decreasing the amount of new HIV infections through efforts for prevention and providing treatment (Brissett-Chapman, 2018). However, the burden that is placed through the HIV epidemic on resources for health care available in African American communities will be difficult to decrease, especially due to the fact that the current health care system, which is difficult for African Americans to access, is still burdened by the excess mortality and morbidity from health conditions other than HIV, like diabetes and cardiovascular disease (Brissett-Chapman, 2018). These circumstances pre-dispose this population group to a vicious cycle.

### **Unstable Housing**

When incarcerated individuals return to civilian life, they often end up living in neighborhoods that are already distressed by the presence of too many disrupted families and high levels of unemployment (Shrage, 2016). Research findings highlight the critical need to devote attention to the environment in which former incarcerated African American males are released (Lobuglio & Piehl, 2015). Most African American males convicted of crimes first option is to return to their old neighborhoods in environments

that most likely pre-disposed them to their criminal activity (Rich et al., 2016). Many cannot return home because African American males convicted of drug crimes are barred from public housing.

Significant numbers of people (including African American males) convicted of crimes report histories of substance abuse and describe being released without money, transportation, or stable housing, factors that combine to lead many of them back to familiar surroundings characterized by ubiquitous drug use (Seth et al., 2016). Programs focused on creating drug-free transitional environments may impact the health behaviors of the African American population (Farel et al., 2019). Providing African American males convicted of crimes with safe and sober housing may prevent them from resorting to former survival strategies involving drugs and sex (Kerr & Jackson, 2016).

Locating housing is an immediate concern for individuals leaving prison, an increasing number of whom have been moved to correctional facilities removed from their communities of origin (Tucker, 2015). Because homelessness and incarceration share similar risk factors, many of the incarcerated are homeless before entering the criminal justice system (Khan et al., 2017). Structural and contextual factors such as poverty and homelessness have been reported to significantly contribute to observed disparities in HIV infection (Foster, Dalmida, & McDougall, 2017). For instance, research findings suggest that instable housing is associated with HIV transmission risk. The association between HIV risk and homelessness is higher among those who are involved in high risk behavior, such as unprotected sex, and substance abuse (Barman-Adhikari et al., 2016). Especially for African American men, homelessness presents a significant risk for HIV transmission. Findings from research conducted on homeless

individuals involved in high-risk behavior suggest that African American have a slightly higher risk of HIV infection (Barman-Adhikari et al., 2016). Such individuals show lower use of condoms despite active sexual lives. Higher risk of HIV infection due to injection drugs and unprotected sex are some of the factors associated with homelessness (Foster, Dalmida, & McDougall, 2017).

### **Post-Release Hurdles**

The first few days and weeks after release appear to be a particularly risky times, requiring efforts to prevent high-risk activities during this time period. Researchers have identified four major themes regarding the time immediately following release: (a) prevalence of risk factors including unprotected sex, transactional sex, and drug use; (b) disproportionately frequent engagement in risky behavior in the first few days after release; (c) significant educational needs of former incarcerated people regarding HIV; and (d) significant challenges involved in accessing health care and medication (Battle et al., 2017; Brinkley-Rubinstein, 2015; Coatsworth et al., 2017; Shrager, 2016).

While some of this post-release mortality is due to compassionate release of the dying, it may also reflect the instability of circumstances in the days following release and the concomitant return to high-risk behaviors. Recently incarcerated people frequently struggle to find housing and work and to re-establish family and social relations.

### **Destabilized Relationships**

Beckwith et al. (2016) found that the rates of HIV transmission during incarceration are lower than in the general population and that most infectious diseases are actually acquired prior to incarceration. Findings for sex risk showed the vast

majority of incarcerated people (82%) were sexually active over the past six months (Polcin et al., 2017). Approximately 13% reported engaging in sex work over the preceding six months and 16% were men who reported having sex with men at some point during their lifetimes, placing them in a particularly high-risk group (Polcin et al., 2017). Of all participants who were sexually active, 58% reported having two or more partners and only 11% reported using condoms all the time (Polcin et al., 2017). Just over a quarter (27%) reported never using condoms at all, while a third used condoms sometimes. Slightly more than 6% of the sample was HIV positive, with about half (52%) reporting being tested for HIV over the preceding six months (Polcin et al., 2017). When asked about concern or worry of contracting HIV, 55% indicated at least some level of concern. Incarceration disproportionately reduces the ratio of African American men to African American women, causing African American women to be less discriminating in their choices of partners and making them less likely to negotiate safer sex practices (Polcin et al., 2017).

### **Consequences of Incarceration**

High rates of incarceration and reincarceration have negative consequences for African American individuals and communities, decreasing educational and economic advancement, hindering political engagement, disrupting family lives and sexual relationships, decreasing the availability of marriage and sexual partners for female African Americans, and altering norms associated with drug use, violence, monogamy, and sex (Brinkley-Rubinstein, 2015; Coatsworth et al., 2017; Rich et al., 2016; Weathers et al., 2017). Such developments are particularly prevalent in urban areas, which typically have high rates of incarceration (Jäggi et al., 2016). Researchers have estimated



three-quarters of African American men in the Washington, D.C., region will experience incarceration at some point during their lifetimes. In neighborhoods with high incarceration rates, gender ratios are severely warped (Khan et al., 2018). Some researchers also view incarceration as a potential opportunity for connecting with at-risk people who have low access to healthcare for prevention, care, and testing services related to HIV, since three-quarters of incarcerated people affected by HIV began their treatment while in incarceration (Coatsworth et al., 2017; Kerr & Jackson, 2016; Pelligrino et al., 2015). Release or incarceration can be disruptive for treatment among those individuals receiving care for HIV, resulting in the loss of critical services (Olson, 2016). Due to the interrelated and complex ways that incarceration impacts African American communities, African American sexual relationships, and individual African American personal networks, researchers have noted the need for interventions and resources aimed at decreasing the disparities between African Americans and Whites with respect to incarceration rates, reducing the negative impact of disproportionate rates of incarceration, and recording the consequences of different policies related to incarceration in the context of HIV treatment and care (Scheidell et al., 2017).

Researchers have called for additional research to determine the ways in which incarceration and its disproportionate presence in the lives of African Americans influences HIV incidence and behaviors among individuals who are incarcerated, within the African American community in general, and in the personal networks and sexual partners of African Americans who are incarcerated. A small number of researchers have used cross-sectional methodology to examine behaviors related to HIV among incarcerated individuals and their sexual partners. Limited qualitative research exists

regarding the negative impact of incarceration with respect to the sexual partners' expectations. Some researchers have conducted ecologic studies regarding the changes associated with HIV incidence in Black communities in relation to the disproportionate prevalence of incarceration of Black men.

As a whole, the existing literature provides a foundation upon which further research can be built, focusing on a synthesis designed to answer broader research questions through a comprehensive review of the complex factors that influence HIV risks among incarcerated African American males. This researcher, therefore, will conduct qualitative, systematic review to explore the factors that determine ethnic and racial disparities in the spread of HIV and other STIs among African-American males who experience disproportionately high incarceration rates in the United States.

### **Prevention and Care**

Twenty states mandate HIV testing at the time of prison entry, but only three states require testing before release. Due to these inconsistent testing policies, system-level data does not exist regarding the rates of HIV transmission in prisons (Khan et al., 2018). While HIV testing is provided in multiple correctional environments and is necessary for cases involving crime charges related to sex and possible exposure associated with bodily fluids across incarcerated people, recommendations for universal HIV testing across correctional facilities is still a distant goal (Farel et al., 2019). Other services for the prevention of HIV are accessible, but are offered in incomplete or inconsistent fashion across the correctional systems (McCarthy et al., 2016). Among such services are written or audiovisual educational materials, instructor-led educational modules, prevention case management, peer-learning programs, and condom distribution

(Neblett, 2019; Scheidell et al., 2017). However, such services are only available in limited prison systems in the United States. The provision of bleach for cleaning equipment for injection is only provided in a single correctional facility (Rich et al., 2016). While syringe exchange programs have been found to be successful in multiple settings around the world and are available in a number of community-based programs in the United States, no U.S. correctional facilities provide syringe exchange (Lobuglio & Piehl, 2015). This is despite the fact that researchers report injection-based drug use is prevalent within populations of incarcerated people (Lobuglio & Piehl, 2015).

HIV infection treatment is accessible in correctional systems across the United States by medical care requirements for incarcerated individuals. However, there are limitations associated with this care. HIV care efforts in the correctional system, face inadequate numbers of expert service providers, insufficient HIV medicine access, and nursing shortages (Brinkley-Rubinstein, 2015; Seth et al., 2016). One study noted that 43% of care providers in correctional facilities suggested asking HIV experts to visit patients incarcerated at the facility. Additionally, 38% suggested that such expertise was never accessible. Delays in accessing HIV care and treatment for newly incarcerated individuals and interruptions during treatment as part of disciplinary action or transfers can result in missed medications as well as reemergence of HIV-related drug resistance (Lobuglio & Piehl, 2015). Additionally, stigma associated with HIV, limited availability of privacy, and lack of trust were some of the other factors reported in literature as decreasing the use of HIV treatment in prison and jail settings (Rich et al., 2016). Incarcerated people have been found to often lack confidentiality necessary to decrease the possibility of stopping the spread of the information regarding their HIV status across

other incarcerated people (Pelligrino et al., 2015). Such information, when spread, can lead to abuse or ostracism (Massoglia & Pridemore, 2015). It has been reported that those incarcerated people who are known to have HIV are segregated and hindered from accessing privileges and programs that are accessible to other incarcerated populations.

A significant amount of the information regarding the limitations in accessing HIV medical care for incarcerated individuals is obtained from anecdotes or judicial data associated with correctional systems (Shrage, 2016). It is important to ensure such data are reviewed through a systematic review process to ensure high quality qualitative data are used to understand factors associated with HIV among incarcerated individuals. Researchers note that more than 95% of incarcerated individuals will at some point be released (Hinton, 2016). Of this, many will experience conditions and needs that may make it harder for them to obtain HIV care on release (Hinton, 2016). It has been reported that the immediate period following release from incarceration involves a significant risk for mortality and there are limited policies and services in existence at present that provide medical care continuity (Hinton, 2016). In order to obtain a better understanding to inform current policies, it is important to explore the factors that determine ethnic and racial disparities in the spread of HIV and other STIs among African-American males in three phases, namely before, during, and after incarceration.

### **Recommendations to Address Risk Factors**

Identifying and addressing the fragility of the social determinants of health are practical and promising considerations to respond to the risk spiral model of mass incarceration, high risk behaviors, HIV and other sexually transmitted infections for African American

males in the US. Variations of research indicate that greater attention to social determinants of health may both improve Americans' health and reduce health care costs.

### **Advancing Education as Rehabilitation**

The Federal Violent Crime Control and Law Enforcement Act of 1994 prevented incarcerated individuals from accessing financial resources for education. Students with criminal convictions have limited eligibility for federal student aid and therefore cannot obtain support to further education beyond sentencing. According to the U.S.

Department of Education Federal Student Aid February 2019 primer, the following benefits are nearly unattainable for justice-involved individuals.

- Federal Student Loans—Students with criminal convictions are not eligible to receive federal student loans while confined in an adult correctional facility or a juvenile justice facility.
- Federal Pell Grants—Eligibility for Pell Grants depends on where the student is confined. If the student is incarcerated in a federal or state penal institution, the student may not receive Federal Pell Grants. However, if the incarcerated student is in a local, municipal, or county correctional facility or committed to a juvenile justice facility and the student otherwise meet the Federal Pell Grant eligibility requirements, the student can receive Federal Pell Grants.
- Federal Work-Study (FWS) and Federal Supplemental Educational Opportunity Grants (FSEOG)—Although federal law does not prohibit students confined in adult correctional and juvenile justice facilities from receiving FWS and FSEOG, the student probably will not be able to receive either type of aid. Generally, it is not possible for a student to perform a FWS job while confined in an adult correctional facility or juvenile justice facility; and the amount of FSEOG funds available to schools is limited.

The U.S. Departments of Education and Justice have the opportunity to revamp the rehabilitation practices within correctional settings. These rehabilitation practices include the option for incarcerated individuals to attain educational benefits beyond a General Education Development (GED). The traditional classroom experience has evolved to include the virtual classroom experience. These innovations facilitate the

possibility of introducing collegiate degrees in correctional settings. An education typically improves the ability to earn more money and seek better career opportunities.

### **Consistent and Fair Housing Policy**

The U.S. Department of Housing and Urban Development federal housing policy specifies any individual whose criminal history includes a lifetime registered sex offender status or a conviction for producing methamphetamine in federally subsidized housing is barred for life from participating in the housing voucher program (U.S. Department of Housing and Urban Development, 2016). A housing provider who generally or stereotypically asserts housing applicants with an arrest or conviction history poses a greater risk than any individual without such a record, is not sufficient to satisfy the burden that criminal history consideration aids in protecting resident safety and/or property (U.S. Department of Housing and Urban Development, 2016). Consequently, it is the more stringent state or housing provider's tailored policies that have limited housing choices to those who have been justice involved. Typically, family members also experience evictions if a household member is convicted of a criminal offense. Policy makers should align federal, state, and local housing policies for those who have been justice involved to ensure screening policies are not intentionally discriminatory of those with arrest and conviction history. Increasing the availability of affordable and adequate housing to incarcerated African American males and their families, as a vulnerable population, yields better health outcomes and reduces the likelihood of recidivism (Fontaine, 2013).

### **Coordination of Care**

Through the review of several demonstration projects addressing re-entry and recidivism, discharge practices appeared as a consistent influence on the recently incarcerated person's success or failure. The researcher proposes the development of effective discharge practices similar to those implemented for patients discharged from inpatient hospitalization for conditions such as stroke, diabetes, cancer, and other chronic diseases to ensure medical care continuity. These discharge plans should include housing and food voucher assistance, confirmed follow-up appointments, medication supply and/or prescription, recent lab and treatment plans as well as referrals to other rehabilitative services.

### **Inter-related Systems Community-based Collaboration**

Furthermore, inter-related systems such as the educational, community-based, faith-based, social justice, and correctional institutions have combined interest in the African American male population. This shared interest should necessitate the identification of community-driven solutions that align, correctional institutions, community based, faith-based and social justice organizations. These solutions include aligning the various systems to host recurring expungement workshops; developing informal rules and engagement practices about how to interact with police and remain safe for African American males occupying over-policed communities, as well as implementation of alternative disciplinary actions in educational settings.

### **Conclusion**

In this literature review, the researcher focused on material deemed to be most relevant to the identified research phenomenon and research problem. There has been an

increase in services for prison-based prevention; however, there is a gap in the literature that limited attention has been devoted to African American males who are disproportionately affected by this problem in terms of opportunities to improve community health, educational, and criminal justice systems that can lead to reduction in HIV, other STIs and high risk behaviors. Disparities have been noted in legislation on the federal level, which has called for further research with the purpose of providing changes at policy-level in order to decrease HIV risk. However, there is a gap in the literature due to a lack of understanding on the patterns and prevalence of high-risk behavior and infectious diseases, especially through sexual contact, in correctional facilities for African American incarcerated males. Many possible factors contribute to this problem, including high risk behavior such as sexual contact that is not consensual, consensual sexual contact, and syringe sharing. The present study, using the theoretical framework of Alexander's New Jim Crow and CRT, will contribute to the existing research and provide suggestions for changes at policy-level by exploring the factors that determine ethnic and racial disparities of HIV, other STIs, and high risk behaviors among African-American males with experience of incarceration.



### CHAPTER III:

#### METHODOLOGY

The purpose of the chapter is to introduce the research methodology for this qualitative systematic review study regarding the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males who experience disproportionately high incarceration rates in the United States. The use of the qualitative systematic review approach allows for an in-depth understanding for addressing the research problem identified for the present study, which is in policy-level research in which an increase in services for prison-based prevention has not been accompanied with equal attention to African American males who are disproportionately affected by HIV risk at incarceration in terms of understanding their patterns and prevalence of high risk behavior and infectious diseases, especially through sexual contact, in correctional facilities, with the purpose of providing changes at policy-level in order to decrease associated risk. The section will include an introduction to and justification for the research design selected for the study, the data collection process, and the data analysis procedure.

#### **Research Method**

The study utilizes a qualitative design (Yilmaz, 2013). In a qualitative study, the goal of the researcher is to explore opinions, reasons, and motivations with respect to a research phenomenon (Noble & Smith, 2015). The use of the qualitative method results in the identification of themes discovered in the ability and reasoning of subjects associated with a problem (Auta, Strickland-Hodge, & Maz, 2017). The qualitative research method is more appropriate for the present study because of its focus on

behaviors and factors associated with mass incarceration and interest in the prevalence and incidence of HIV and other STIs and other high-risk behaviors that occur during the process of incarceration. In this study, the qualitative method was selected because the goal in this study is to explore the factors that determine ethnic and racial disparities of HIV, other STIs, and high-risk behaviors among African-American males who experience disproportionately high incarceration rates in the United States.

### **Research Design**

The researcher selected a qualitative systematic review design for this study. The systematic review is a relatively new area in the field of research on health care (Butler, Hall, & Copnell, 2016). Qualitative reviews are distinguished from quantitative reviews in terms of their focus on providing a comprehensive knowledge of the perceptions and experiences of participants, instead of measuring an intervention's effectiveness (Stern, Jordan, & McArthur, 2014). However, the purpose of both qualitative and quantitative systematic reviews remains the same, which is to develop recommendations for individuals studied on the basis of comprehensive review from the most appropriate evidence available (Aromataris & Pearson, 2014). To attain this purpose, it is important that the literature review process is preplanned and developed well in order to decrease the bias of the researcher and to remove low quality or irrelevant research (Butler et al., 2016). In general, a systematic review is planned on the basis of a protocol, which provides the foundation for the overall study.

In a systematic review, developing a protocol prior to conducting the research helps ensure the methodological decisions for the study are justified, which increases the trustworthiness and integrity of the study (Butler et al., 2016). These methodological

decisions include the identification of the search terms, extraction of data, and process for literature analysis (Moher et al., 2015). Further, it promotes consistency, decreasing potential ambiguity in the data collection process and eliminating arbitrariness in the data analysis and extraction process (Moher et al., 2015).

The systematic review design begins with the selection of the research topic and purpose of the review (Butler et al., 2016). The goal of a systematic review is to obtain answer for a particular research question, instead of providing an overview of existing literature on the topic. It is important that, in a qualitative systematic review, there is a research question that is well-developed before beginning the literature review process (Butler et al., 2016). The research question provides the foundation of the overall protocol for the review, providing guidance to the development of the search strategy, data extraction, and inclusion criteria (Butler et al., 2016). In this study, the research problem to be addressed provides the overall foundation of the research question. The research question guiding the review protocol is as follows: “What are the factors that determine ethnic and racial disparities in high risk behaviors and the spread of HIV and other STIs among African-American males with experience of incarceration?” In the study, the research question, and thus the foundational framework for the systematic review, is based on a Population, Context, Outcome framework (Butler et al., 2016). Specifically, the population of interest consists of African American males with experience in incarceration. The context consists of the existence of high-risk behaviors and spread of HIV and other STIs among this population. Finally, the outcome is understanding the ethnic and racial disparities with respect to the selected population and context.

The researcher adapted an ethnographic method to inform the research and descriptive narrative of this target population. Ethnography is a qualitative research methodology, in which the researcher describes and interprets the shared values, practices, behaviors, beliefs, and language within. The data and information were gathered through a range of sources to include informal conversations. Implementing the ethnographic method allowed the researcher to use the voice and experience of African American males experiencing incarceration to depict the destructive forces which are difficult to escape from throughout their life stages.

### **Research Question**

There is a problem in public health policy in which an increase in services for prison-based prevention has not been accompanied with equal attention to African American males who are disproportionately affected by HIV risk and incarceration. There is complexity in terms of understanding their patterns and prevalence of high risk behavior and infectious diseases, especially through sexual contact, in correctional facilities, with the purpose of providing changes at policy-level in order to decrease associated risk (Neblett, 2019; Olson, 2016; Rowell-Cunsolo et al., 2016). In order to address this problem, the following research question was developed to guide the research: “What are the factors that determine ethnic and racial disparities HIV, other STIs, and high-risk behaviors among African-American males with experience of incarceration?” The researcher will employ a qualitative, systematic review design to address the research question. The data collection process and analysis for this review will be described in detail in the next section.

## **Data Collection**

Following the guidelines provided by previous researchers on the qualitative systematic review research design, the first stage of the data collection process is the development of a search strategy (Butler et al., 2016). After generating the research question that will guide this study, and developing the purpose statement, the search strategy for the research process is devised. Researchers describe the search strategy as one of the most significant elements of the systematic review protocol, as it provides an outline before conducting the study, of the strategies that the researcher will use during the systematic review in order to find, use, evaluate, and select the data (Butler et al., 2016). For this step, researchers suggest conducting a brief search of the existing studies to ensure the study has not been conducted already by previous researchers (Butler et al., 2016). For the present study, this step led to the finding that no such research had been conducted in the past in which the researcher explored the factors that determine ethnic and racial disparities in HIV, other STIs, and high risk behaviors among African-American males who experience disproportionately high incarceration rates in the United States.

Following the identification of the search strategy, the researcher developed the search terms and keywords (Butler et al., 2016). The structure identified for the study, namely the target population, contextual factors, and outcome structure, guided the development of the search terms. The search terms identified formed the basis for the search strategy. This study is conducted using qualitative method to identify key dimensions of relevance to the research question. Qualitative research is used in health care research with social and cultural dimensions; both of which the topic of this study

addresses. In this study, the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males with experience of incarceration will be explored in the following incarceration stages:

1. Pre incarceration: What are the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males with experience of incarceration before entering the correctional system?
2. During incarceration: What are the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males with experience of incarceration while in the correctional system?
3. Post incarceration: What are the factors that determine ethnic and racial disparities in HIV, other STIs, and high-risk behaviors among African-American males with experience of incarceration once exiting the correctional system?

In all queries, the terms Black and African American were used together as they were considered interchangeable in the existing literature. In order to conduct the literature review along these themes, the literature was reviewed using a number of questions derived from the main research question. The first question was regarding the issues prominent in the peer-reviewed literature. For this, the researcher performed a scoping review of the literature by searching years 2008-2018 using PubMed. The keywords and search terms used for this query included the following: mass

incarceration, public health, re-entry, sexually transmitted infections/diseases, risk behavior, HIV/AIDS, African Americans/black, males, and heterosexual.

The second data source regarding mass incarceration in film and documentary, namely the issues prominent in film and documentary. For this, the researcher performed a scoping review of the literature by exploring film to document data and information related to those incarcerated and examined articles publicized by NPR and Google Scholar for films with terms including incarcerated, African American, and criminal justice. This stage allowed the review of the historical context and documented trends in the correctional system and African-American communities.

The researcher also examined relevant blogs. The majority of blogs are characterized by reflective, descriptive, interpretive and exploratory content and therefore align with common qualitative methodologies (Hookway, 2008). Blogs can enable participant voices to be captured and disseminated close to their vernacular intent and expressive representation. Utilizing some anecdotal experiences proved to give personalized insight without the need to develop an interview protocol or conduct a focus group. The search strategy for blogs gave access to more than 23,500,000 results. During the literature review search, the researcher excluded studies with the aim of narrowing the results. In order to narrow the scope of the findings, the search specification was expanded to current blogs, which included 12,400,000 results. These results were further filtered within the past year timeframes and sorted by relevance.

The third data source for conducting the review search associated with the blogs was regarding the issues that are prominent on blogs and listservs. For this, the researcher performed a key word search on Google to identify current, operational blogs

and listservs hosted by justice involved persons, advocates, think tanks, and other interest groups. To determine the leading themes throughout literature, blogs, and film, an organization tool was required.

The fourth datasource for conducting the literature search was regarding the best technique to organize and interpret information. In order to address this as part of the literature review, the researcher created tables of the key theories and organized them by salient topics and themes. Further, the researcher displayed the integration of data and information using the framework for the review. The researcher also searched for literature to explore the models that can be used to organize information. For this, the researcher performed repetitive revision of models until clarity of relationship was known.

Once the relevant literature was searched and identified, the review was conducted using further stages. The first stage in this process was that of critical appraisal. In this, the goal was to evaluate the potential research studies with the aim of ensuring rigor and ensuring the research studies did not involve methodological issues. For the appraisal process, the identified studies were scored on the basis of their relevance to the research question. The components of the research question provided guidance for using the appraisal system based on scores. The studies with minimum requirement of meeting the three aspects of the the population, context, and outcome structure were selected for the studies.

After selecting the relevant studies, the next step in the systematic review is data extraction. In this study, data was defined in terms of everything in the selected studies that was relevant to the Population, Context, Outcome framework, where the population



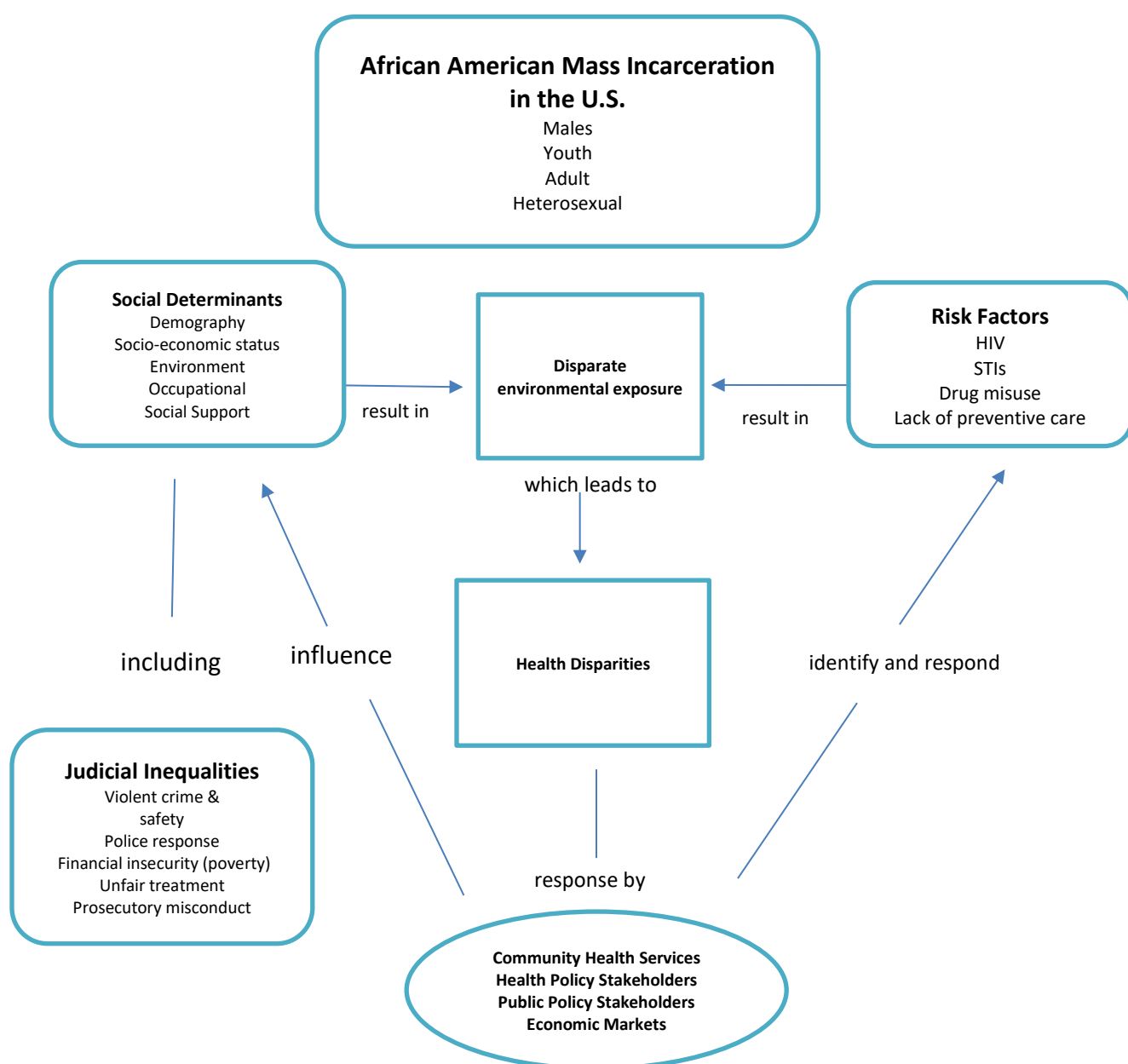
of interest consists of African American males with experience in incarceration, the context consists of the incidence of HIV, other STIs, and high risk behaviors among this population, and the outcome is understanding the ethnic and racial disparities with respect to the selected population and context. Prominence during data extraction is given to first-person accounts, such as quotes from the participants, as well as second-degree accounts, such as interpretations, assumptions, and statements. These two forms of data were extracted from the identified research studies in relation to the population, context, and outcome framework that was based on the research question.

### **Data Analysis**

Following data extraction, data analysis is the next stage in the qualitative systematic review. In order to conduct data analysis, a plan is developed before beginning the research process (Butler et al., 2016). The data analysis stage is aimed at assembling the overall findings from the literature into statements or group of statements that are meaningful and which provide representation and explanation regarding the research phenomenon (Munn et al., 2014). Researchers have noted that during interpretation, there is a risk in the systematic analysis process of not capturing the essence of the analyzed study (Toye et al., 2014). However, data analysis problems can be minimized through a planned data analysis protocol that captures the essence of the original studies and the experience of the participants.

The conceptual framework of the study, as presented in Figure 1, will guide the data analysis process, together with the data analysis technique of meta synthesis. The integrative conceptual model in Figure 1 provides a lens for understanding themes found in the coding processes, particularly those that describe various aspects of the public

health risks of mass incarceration. Ultimately, the model provides a framework for understanding the themes and their meaning, whether a given theme describes the stakeholders' roles, risk factors, social determinants, judicial inequalities, or health disparities. Using this framework, the researcher may understand and demonstrate how various themes relate to each other in the systemic problem of mass incarceration. Furthermore, the researcher reveals the weak, insubstantial public health infrastructure which is unable to remove this target population from this destructive cycle.



*Figure 1.* The conceptual framework for understanding African American male mass incarceration is adapted from a conceptual model for understanding racial disparities in health that appears in Schulz et al. (2002).

For this study, the data analysis process is guided by meta synthesis process (Butler et al., 2016). The meta synthesis process requires the researcher to reinterpret the collected data into higher abstraction level that is relevant to the research question (Butler et al., 2016). The meta synthesis process uses the same techniques for thematic analysis as used in the original research. The meta synthesis analysis will be undertaken by the researcher. For the meta synthesis, the first stage will be reduction of excess data through transformation, abstraction, simplification, and selection (Butler et al., 2016). The next step will be the reduction of the data for coding. The researcher will use handwritten coding, where a code will be assigned to all sections, paragraphs, or sentences that are deemed relevant for the research in alignment with the research question during the reading of the studies (Butler et al., 2016). Each code will be assigned with definition as well as abbreviation. Code will be generated using three stages, namely open coding, axial coding, and selective coding. Open coding refers to the analysis phase in which the focus is on recognizing, describing, categorizing, and naming phenomena in a text (Corbin & Strauss, 2008). Axial coding refers to the process of relating codes with each other through a synthesis of deductive and inductive thinking (Corbin & Strauss, 2008). Selective coding refers to the process of selecting a category as the main category and relating other categories to it (Corbin & Strauss, 2008).

Open coding will be conducted through comparing the data and eliminating the information that is not clear. Relevant information will be tagged and emergent categories will be determined (Corbin & Strauss, 2008). Axial coding will involve combining of the data where categories that are relevant and grouped together. The

researcher will also determine sub-categories. Finally, during selective coding, the researcher will select core categories. All core categories will be further connected with each other. The core themes that will then emerge will be connected to the research question (Hewitt-Taylor, 2001).

### **Conclusion**

The purpose of this qualitative systematic review study is to explore the factors that determine ethnic and racial disparities of HIV, and other STIs, and high risk behaviors among African-American males who experience disproportionately high incarceration rates in the United States. The research method that is selected for the present study, in alignment with the research problem and the purpose of the study, is qualitative method. The qualitative research method is more appropriate for the present study because of its focus on behaviors and factors associated with mass incarceration and interest in the prevalence and incidence of HIV, other STIs and other high-risk behaviors that occur during the process of incarceration. The research design selected for this study is qualitative systematic review. Qualitative reviews are separated from quantitative review due to their focus on providing a comprehensive knowledge of the perceptions and experiences of participants, instead of measuring an intervention's effectiveness.

Following the guidelines provided by previous researchers on the qualitative systematic review research design, the first stage of the data collection process is the development of a search strategy. Following the identification of the search strategy, the researcher develops the search terms and keywords. The structure identified for the study, namely the target population, contextual factors, and outcome structure, guided the

development of the search terms. In order to conduct the literature review along these themes, the literature was reviewed using a number of questions derived from the main research question. Once the relevant literature was searched and identified, the review was conducted using further stages, namely critical appraisal and data extraction. Next, data analysis was conducted using the meta synthesis approach. In the next chapter, the findings of the study that emerged from the methodological steps described in this chapter will be presented.

## CHAPTER IV

## ARTICLE MANUSCRIPT

Journal of Health Care for the Poor and Underserved

Commentary

**Abstract**

The of black males are overrepresented in the US justice system. A long legacy of practices, including convict leasing, lynchings, and police brutality, have shaped the history of African American males and the criminal justice system (Mauer, 1999). Few studies examine the impact of mass incarceration in African American communities and its contributory impact on the degradation of the public health infrastructure within these communities. This qualitative study analyzes the flow of African American males before, during and after incarceration and the associated prevalence of human immunodeficiency virus, other sexually transmitted infections, and engagement in high risk behaviors. Specifically, the research identifies the support and strategies needed for individuals, communities, and public health infrastructure to protect health before, during and after incarceration. Through this in-depth review of grey literature and secondary information via listservs, blogs, and documentary viewings the study will contribute to the amount of knowledge regarding effective public health policy interventions at both the state and local community levels as well as national to influence the growing incarceration rates and decrease high-risk disease and behaviors amongst this population.

*Key words:* mass incarceration, public health, re-entry, sexually transmitted infections/diseases, risk behavior, HIV/AIDS, African Americans/black, males, heterosexual

## **Introduction**

The differences in incarceration rates between communities of color, especially African-American communities, compared to Whites has been a topic of social justice research and discussion for many years (Olson, 2016; Tucker, 2015). The difference leads to attributable psychological and behavioral problems and to disparities in areas including economic, housing, employment, education, health; and family disintegration (Jäggi, Mezuk, Watkins, & Jackson, 2016; Massoglia & Pridemore, 2015; Neblett, 2019). The rates at which African American males have come under some form of criminal justice supervision has created a complex set of consequences that affect not only individual victims and offenders, but families and communities as a whole (DeHart, Shapiro, & Clone, 2018; Washington, 2018; Wildeman & Wang, 2017). The health and well-being of African American males should be a public health priority. A conceptual framework for understanding African American male mass incarceration experience is described in Figure 1. The model is intended to depict the racial and spatial relations as fundamental determinants of health.

An estimated 17% of all Americans living with HIV pass through a correctional facility annually, including 22-28% of all black men with HIV (NAACP, 2017). Due to this, HIV prevalence is three to five times higher in prisons and jails than in the general population. Black males continue to fare worse than Black women and White Americans in terms of life expectancy, infant health outcomes, age and cause-specific morbidity and



mortality, insurance coverage, and access to adequate health care (Bond & Herman, 2016). Unfortunately, efforts to eliminate racial and ethnic inequities have often failed to include interventions for improving the health outcomes of African American males. Additionally, many prisons have high rates of violence, including sexual assault (Pelligrino et al., 2015). Incarceration also limits or interrupts access to health care (Wildeman & Wang, 2017). Approximately 95% of incarcerated individuals are eventually released into local communities nationwide (NAACP, 2017), accounting for more than 700,000 convicted offenders who will reenter neighborhoods across the country and continue or create new sexual relationships. The high turnover creates challenges for screening and health care, and also creates opportunities for accessing a wide band of individuals who are otherwise difficult to access for public health initiatives and interventions.

### **Risk Spiral Cycle Experienced by African American Males**

African American males experience major public health risks such as high-risk behaviors, high-incarceration rates, and high HIV infection rates. To better understand the systemic reinforcement underlying the public health problems, practitioners need to identify the leverage points where intensive preventive strategies employed by individuals, communities, and public health systems has the greatest effect a comprehensive model of factors can help us target interventions.

Numerous factors account for the failure of low-income Americans to escape poverty, including poor education, inadequate housing, and a lack of health insurance. African Americans are the poorest ethnic group in the United States, having the lowest household median incomes for almost half a century (Renwick, 2015). A prison record

puts an end to an individual's eligibility for public assistance such as food stamps, public housing, and student loans (Washington, 2018). Moreover, because most prospective employers ask about previous incarceration on job applications, African American men find it nearly impossible to obtain employment following incarceration (Farel et al., 2019). In the neighborhoods most targeted by law-enforcement surveillance, the likelihood of detainment is high. This, combined with an inability to gain legal representation and afford bail, leads to convictions with the judgment, "serve time" (Khan et al., 2018). Inadequate health insurance or lack of health insurance among African Americans is both a public health challenge and a problem associated with poverty (Brinkley-Rubinstein, 2015). Understanding the disparities associated with health insurance helps assess the influence of the epidemic of HIV among African Americans (Douthit, Kiv, Dwolatzky & Biswas, 2015). African Americans not only have higher mortality and morbidity for diseases such as diabetes and HIV, they are also likely to experience difficulty accessing healthcare or to receive low quality health care compared to Whites (Dale, Bogart, Wagner, Galvan & Klein, 2014). Researchers note that solving the HIV epidemic will require decreasing the amount of new HIV infections through efforts for prevention and providing treatment (Brissett-Chapman, 2018). However, the burden that is placed through the HIV epidemic on resources for health care available in African American communities will be difficult to decrease, especially due to the fact that the current health care system, which is difficult for African Americans to access, is still burdened by the excess mortality and morbidity from health conditions other than HIV, like diabetes and cardiovascular disease (Brissett-Chapman, 2018). These circumstances pre-dispose this population group to a vicious cycle which is depicted in

Figure 2. The model suggests that at any stage an African American male can be pre-disposed to a vicious cycle without option or opportunity to escape.

### **Resetting the Policy Agenda**

Suggestions for changes at local, state and national policy-levels by exploring the factors that determine ethnic and racial disparities of HIV, other STIs, and high-risk behaviors among African-American males with experience of incarceration require a public health approach. Identifying and addressing the fragility of the social determinants of health are practical and promising considerations to respond to the risk spiral model of mass incarceration, high-risk behaviors, HIV and other sexually transmitted infections for African American males in the US. Variations of research indicate that greater attention to social determinants of health may both improve Americans' health and reduce health care costs.

### *Advancing Education as Rehabilitation*

The Federal Violent Crime Control and Law Enforcement Act of 1994 prevented incarcerated individuals from accessing financial resources for education. Students with criminal convictions have limited eligibility for federal student aid and therefore cannot obtain support to further education beyond sentencing. According to the U.S. Department of Education Federal Student Aid February 2019 primer, the following benefits are nearly unattainable for justice-involved individuals.

- Federal Student Loans—Students with criminal convictions are not eligible to receive federal student loans while confined in an adult correctional facility or a juvenile justice facility.
- Federal Pell Grants—Eligibility for Pell Grants depends on where the student is confined. If the student is incarcerated in a federal or state penal institution, the student may not receive Federal Pell Grants. However, if the incarcerated student is in a local, municipal, or county correctional facility or committed to a juvenile

justice facility and the student otherwise meet the Federal Pell Grant eligibility requirements, the student can receive Federal Pell Grants.

- Federal Work-Study (FWS) and Federal Supplemental Educational Opportunity Grants (FSEOG)—Although federal law does not prohibit students confined in adult correctional and juvenile justice facilities from receiving FWS and FSEOG, the student probably will not be able to receive either type of aid. Generally, it is not possible for a student to perform a FWS job while confined in an adult correctional facility or juvenile justice facility; and the amount of FSEOG funds available to schools is limited.

The U.S. Departments of Education and Justice have the opportunity to revamp the rehabilitation practices within correctional settings. These rehabilitation practices include the option for incarcerated individuals to attain educational benefits beyond a General Education Development (GED). The traditional classroom experience has evolved to include the virtual classroom experience. These innovations facilitate the possibility of introducing collegiate degrees in correctional settings. An education typically improves the ability to earn more money and seek better career opportunities.

#### *Consistent and Fair Housing Policy*

The U.S. Department of Housing and Urban Development federal housing policy specifies any individual whose criminal history includes a lifetime registered sex offender status or a conviction for producing methamphetamine in federally subsidized housing is barred for life from participating in the housing voucher program (U.S. Department of Housing and Urban Development, 2016). A housing provider who generally or stereotypically asserts housing applicants with an arrest or conviction history poses a greater risk than any individual without such a record, is not sufficient to satisfy the burden that criminal history consideration aids in protecting resident safety and/or property (U.S. Department of Housing and Urban Development, 2016). Consequently, it is the more stringent state or housing provider's tailored policies that have limited

housing choices to those who have been justice involved. Typically, family members also experience evictions if a household member is convicted of a criminal offense. Policy makers should align federal, state, and local housing policies for those who have been justice involved to ensure screening policies are not intentionally discriminatory of those with arrest and conviction history. Increasing the availability of affordable and adequate housing to incarcerated African American males and their families, as a vulnerable population, yields better health outcomes and reduces the likelihood of recidivism (Fontaine, 2013).

### *Coordination of Care*

Through the review of several demonstration projects addressing re-entry and recidivism, discharge practices appeared as a consistent influence on the recently incarcerated person's success or failure. The researcher proposes the development of effective discharge practices similar to those implemented for patients discharged from inpatient hospitalization for conditions such as stroke, diabetes, cancer, and other chronic diseases to ensure medical care continuity. These discharge plans should include housing and food voucher assistance, confirmed follow-up appointments, medication supply and/or prescription, recent lab and treatment plans as well as referrals to other rehabilitative services.

### *Inter-related Systems Community-based Collaboration*

Furthermore, inter-related systems such as the educational, community-based, faith-based, social justice, and correctional institutions have combined interest in the African American male population. This shared interest should necessitate the identification of community-driven solutions that align, correctional institutions, community based, faith-based and social justice organizations. These solutions include aligning the various systems to host recurring expungement workshops; developing informal rules and engagement practices about how to interact with police and remain safe for African American males occupying over-policed communities, as well as implementation of alternative disciplinary actions in educational settings.

### **Limitations**

The researcher presents views from the perspective and vantage point of those experiencing incarceration and the associated risks of incarceration. There are other views to consider however this research excludes those.

The experiences and health inequities of the target population, African American males, is an under resourced research focus. The improved understanding of the health consequences experienced by justice involved African American males requires investment in improved data collection and the linkage of administrative data about incarceration with data for income, employment, housing, educational results, and health services outcomes (Wildeman, C., & Wang, E. (2017). Additionally, the researcher's own culture bias lead to assumptions about motivations and influences that are based on the researcher's personal cultural lens.

## **Conclusions**

Mass incarceration is a public health problem and needs to reach the policy agenda to influence how state, local, and community decisions are made. Innovative post release programs can provide models for successful linkages to those with medical and behavioral health conditions. To reduce HIV/AIDS rates and contributory high risk behaviors among African Americans we need to focus on structural factors, such as reducing incarceration rates and improving access to quality health care; investing in transitional and social programs that mitigate the community health effects of both incarceration and reentry and eliminating society's over use of prisons to confront social problems. These combined efforts will substantially reduce the effects of the collateral consequences on African American males and the communities that they reside.

## A Suggested Model Adapted from Current Literature

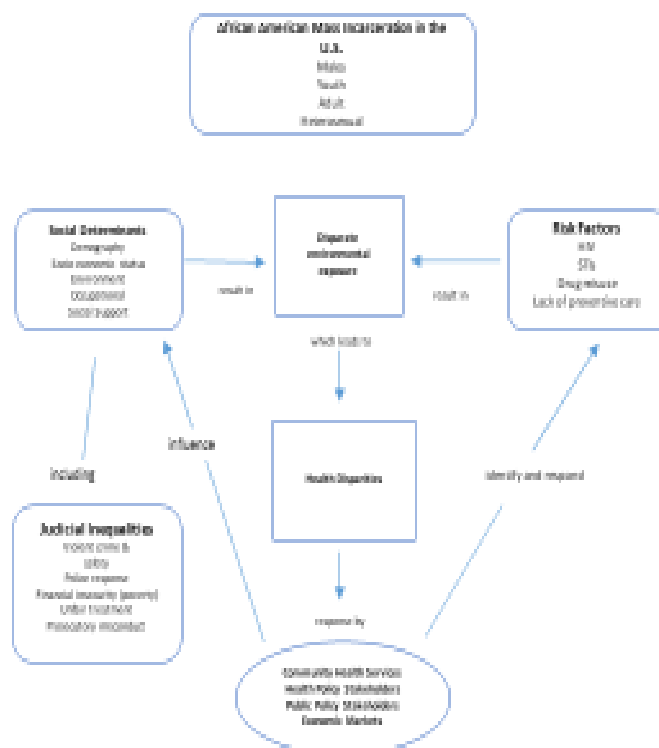


Figure 1. A conceptual framework for understanding African American male mass incarceration is adapted from a conceptual model for understanding racial disparities in health that appears in Schulz et al. (2002).



### A Comprehensive Iterative Model Emerging from this Research



Figure 2: Risk Spiral of African American Males' Mass Incarceration

## References

- Alexander, M. (2012). *The new Jim Crow*. New York, N.Y.: New Press.
- Aromataris, E. & Pearson, A. (2014). The systematic review: An overview. *The American Journal of Nursing*, 114(3), 53-58. Retrieved from <https://pdfs.semanticscholar.org/8ba6/7015178bd5358070279c2820adb981beaf13.pdf>.
- Auta, A., Strickland-Hodge, B., & Maz, J. (2017). There is still a case for a generic qualitative approach in some pharmacy practice research. *Research in Social and Administrative Pharmacy*, 13(1), 266-268. doi:10.1016/j.sapharm.2016.06.005
- Barman-Adhikari, A., Rice, E., Bender, K., Lengnick-Hall, R., Yoshioka-Maxwell, A., & Rhoades, H. (2016). Social Networking Technology Use and Engagement in HIV-Related Risk and Protective Behaviors Among Homeless Youth. *Journal Of Health Communication*, 21(7), 809-817. doi: 10.1080/10810730.2016.1177139
- Battle, J., Bennett, M., & Lemelle, A. (2017). *Free at last?* New York: Routledge.
- Baxter, P. & Jack, S. (2008). Qualitative cast study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559. Retrieved from <http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf>.
- Bond, M. J. & Herman, A. A. (2016). Lagging life expectancy for Black men: A public health imperative. *American Journal of Public Health*, 106(7), 1167-1169. doi:10.2105/AJPH.2016.303251.

- Brinkley-Rubinstein, L. (2015). Understanding the effects of multiple stigmas among formerly incarcerated HIV-positive African American men. *AIDS Education and Prevention*, 27(2), 167-179. doi:10.1521/aeap.2015.27.2.167
- Brissett-Chapman, S. (2018). *Serving African American Children*. New York: Routledge.
- Butler, A., Hall, H., & Copnell, B. (2016). A guide to writing a qualitative systematic review protocol to enhance evidence-based practice in nursing and health care. *Worldviews on Evidence-Based Nursing*, 13(3), 241-249. doi:10.1111/wvn.12134
- Centers for Disease Control and Prevention. (2016). *CDC fact sheet: HIV among African Americans*. Retrieved from <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-aa-508.pdf>
- Coatsworth, A., Scheidell, J., Wohl, D., Whitehead, N., Golin, C., Judon-Monk, S., & Khan, M. (2017). HIV-related sexual risk among African American men preceding incarceration: Associations with support from significant others, family, and friends. *Journal of Urban Health*, 94(1), 136-148. doi:10.1007/s11524-016-0120-3
- Corbin, J. & Strauss, A. (2008). Strategies for qualitative data analysis. In J. Corbin, (Ed.) *Basics of qualitative research* (pp. 65-86). Los Angeles, CA: Sage Publications.
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Dale, S., Bogart, L., Wagner, G., Galvan, F., & Klein, D. (2014). Medical mistrust is related to lower longitudinal medication adherence among African-American males with HIV. *Journal of Health Psychology*, 21(7), 1311-1321. doi:10.1177/1359105314551950

- DeHart, D., Shapiro, C., & Clone, S. (2018). "The pill line is longer than the chow line": The impact of incarceration on prisoners and their families. *The Prison Journal*, 98(2), 188-212. doi:10.1177/0032885517753159
- Douthit, N., Kiv, S., Dwolatzky, T., & Biswas, S. (2015). Exposing some important barriers to health care access in the rural USA. *Public Health*, 129(6), 611-620. doi: 10.1016/j.puhe.2015.04.001
- Farel, C., Golin, C., Ochtera, R., Rosen, D., Margolis, M., Powell, W., & Wohl, D. (2019). Underutilization of HIV testing among men with incarceration histories. *AIDS and Behavior*, January, 2019, 1-10. doi:10.1007/s10461-018-02381-9
- Ford, C. L., & Airhihenbuwa, C. O. (2018). Commentary: Just What is Critical Race Theory and What's it Doing in a Progressive Field like Public Health?. *Ethnicity & Disease*, 28(Suppl 1), 223–230. doi:10.18865/ed.28.S1.223
- Fontaine, J. (2013). The role of supportive housing in successful reentry outcomes for disabled prisoners. *Cityscape: A Journal of Policy Development and Research* • 15(3), 53-75. U.S. Department of Housing and Urban Development • Office of Policy Development and Research
- Forman, J. (2012). Racial critiques of mass incarceration: Beyond the new Jim Crow. *New York University Law Review*, 87, 101-146.
- Foster, P. P., Dalmida, S. G., & McDougall, G. J. (2017). HIV Knowledge, Perceived Risk and Gender as Modulators of Salivary HIV Rapid Testing in African Americans. *HIV/AIDS research and treatment : open journal*, 2017(SE1), S31–S37.

Freeman, R., Gwadz, M. V., Silverman, E., Kutnick, A., Leonard, N. R., Ritchie, A. S.,

Reed, J., & Martinez, B. Y. (2017). Critical race theory as a tool for understanding poor engagement along the HIV care continuum among African American/Black and Hispanic persons living with HIV in the United States: a qualitative exploration. *International Journal for Equity in Health*, 16(1), 54. doi:10.1186/s12939-017-0549-3

Health Resources and Services Administration. (2018). *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017*. Rockville, Maryland: Health Resources and Services Administration. Retrieved from <http://hab.hrsa.gov/data/data-reports>

Hewitt-Taylor, J. (2001). Use of constant comparative analysis in qualitative research. *Nursing Standard*, 15(42), 39-42. doi:10.7748/ns2001.07.15.42.39.c3052.

Hinton, E. (2016). *From the war on poverty to the war on crime: The making of mass incarceration in America*. Cambridge, MA: Harvard University Press.

Hookway, N. (2008). 'Entering the blogosphere': Some strategies for using blogs in social research. *Qualitative Research*, 8(1), 91-113. doi:10.1177/1468794107085298.

Jäggi, L., Mezuk, B., Watkins, D., & Jackson, J. (2016). The relationship between trauma, arrest, and incarceration history among Black Americans. *Society and Mental Health*, 6(3), 187-206. doi:10.1177/2156869316641730

Jee-Lyn García, J., & Sharif, M. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health*, 105(8), e27-e30. doi:10.2105/ajph.2015.302706

- Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, 37, 31-41. doi:10.1016/j.drugpo.2016.07.007
- Khan, M., El-Bassel, N., Golin, C., Scheidell, J., Adimora, A., Coatsworth, A., & Wohl, D. A. (2017). The committed intimate partnerships of incarcerated African-American men: Implications for sexual HIV transmission risk and prevention opportunities. *Archives of Sexual Behavior*, 46(7), 2173-2185. doi:10.1007/s10508-016-0916-y
- Khan, M., Scheidell, J., Golin, C., Friedman, S., Adimora, A., Lejuez, C., & Wohl, D. A. (2018). Dissolution of committed partnerships during incarceration and STI/HIV-related sexual risk behavior after prison release among African American men. *Journal of Urban Health*, 95(4), 479-487. doi:10.1007/s11524-018-0274-2
- Lobuglio, S., & Piehl, A. (2015). Unwinding mass incarceration. *Issues in Science and Technology*, 32(1), 120-129. Retrieved from <https://search.proquest.com/openview/6d0dfeff67689cf991de97417847244a/1?pq-origsite=gscholar&cbl=32581>.
- Mankelwicz, J., & Kitahara, R. (2010). Quantification, rationality, and management decisions: *Journal of Business & Economics Research*, 8(5), 59-70. Retrieved from <http://www.cluteinstitute.com>
- Massoglia, M., & Pridemore, W. (2015). Incarceration and health. *Annual Review of Sociology*, 41(1), 291-310. doi:10.1146/annurev-soc-073014-112326

- McCarthy, E., Myers, J., Reeves, K., & Zack, B. (2016). Understanding the syndemic connections between HIV and incarceration among African American men, especially African American men who have sex with men. *Social Disparities in Health and Health Care*, 217-240. doi:10.1007/978-3-319-34004-3\_9
- Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., & PRISMA-P Group. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, 4(1), 1-9. doi:10.1186/2046-4053-4-1.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Neblett, E. (2019). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity and Ethnic Minority Psychology*, 25(1), 12-20. doi:10.1037/cdp0000253
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence Based Nursing*, 18(2), 34-35. doi:10.1136/eb-2015-102054
- Olson, J. (2016). Race and Punishment in American Prisons. *Journal of Public Administration Research and Theory*, 26(4), 758-768. doi:10.1093/jopart/muw026
- Pelligrino, N., Zaitzow, B., Sothorn, M., Scribner, R., & Phillippi, S. (2015). Incarcerated Black women in the Southern USA: A narrative review of STI and HIV risk and implications for future public health research, practice, and policy. *Journal of Racial and Ethnic Health Disparities*, 4(1), 9-18. doi:10.1007/s40615-015-0194-8

- Polcin, D. L., Korcha, R., Mericle, A. A., Mahoney, E., & Hemberg, J. (2017). Problems and service needs among ex-offenders with HIV risk behaviors entering sober living recovery homes. *Criminal Justice Studies*, 30(4), 381-400.
- Rich, J. D., Beckwith C. G., & Macmadu, A. (2016). Clinical care of incarcerated people with HIV, viral hepatitis, or tuberculosis. *The Lancet*, 388(10049), 1103-1114. doi:10.1016/S0140-6736(16)30379-8.
- Rich, J., Beckwith, C., Macmadu, A., Marshall, B., Brinkley-Rubinstein, L., Amon, J & Altice, F. L. (2016). Clinical care of incarcerated people with HIV, viral hepatitis, or tuberculosis. *The Lancet*, 388(10049), 1103-1114. doi:10.1016/s0140-6736(16)30379-8
- Rowell-Cunsolo, T., El-Bassel, N., & Hart, C. (2016). Black Americans and incarceration: A neglected public health opportunity for HIV risk reduction. *Journal of Health Care for the Poor and Underserved*, 27(1), 114-130. doi:10.1353/hpu.2016.0011
- Sandberg, J., Tsoukas, H. (2011). Grasping the logic of practice: Theorizing through practical rationality. *Academy of Management Review*, 36, 338-360.
- Scheidell, J., Lejuez, C., Golin, C., Adimora, A., Wohl, D., Keen, L., & Khan, M. R. (2017). Patterns of mood and personality factors and associations with STI/HIV-related drug and sex risk among African American male inmates. *Substance Use & Misuse*, 52(7), 929-938. doi:10.1080/10826084.2016.1267221
- Scheidell, J., Lejuez, C., Golin, C., Hobbs, M., Wohl, D., Adimora, A., & Khan, M. (2016). Borderline personality disorder symptom severity and sexually transmitted infection and HIV risk in African American incarcerated men.



*Sexually Transmitted Diseases*, 43(5), 317-323.

doi:10.1097/olq.0000000000000433

Schulz, A., Williams, D., Israel, B., & Lempert, L. (2002). Racial and Spatial Relations as Fundamental Determinants of Health in Detroit. *Milbank Quarterly*, 80(4), 677-707. doi: 10.1111/1468-0009.00028

Seth, P., Raiford, J., & DiClemente, R. (2016). Factors associated with HIV testing among African American female adolescents in juvenile detention centers. *AIDS and Behavior*, 20(9), 2010-2013. doi:10.1007/s10461-016-1310-4

Shrage, L. (2016). African Americans, HIV, and mass incarceration. *The Lancet*, 388(10049), e2-e3. doi:10.1016/s0140-6736(16)30830-3

Spaulding, A. C., Seals, R. M., McCallum, V. A., Perez, S. D., Brzozowski, A. K., & Steenland, N. K. (2011). Prisoner survival inside and outside of the institution: Implications for health-care planning. *American Journal of Epidemiology*, 173(5), 479-487. doi:10.1093/aje/kwq422.

Stern, C., Jordan, Z., & McArthur, A. (2014). Developing the review question and inclusion criteria. *Systematic Reviews*, 114(4), 53-56. Retrieved from <https://alliedhealth.ceconnection.com/files/DevelopingtheReviewQuestionandInclusionCriteria-1430415457204.pdf>.

Toye, F., Seers, K., Allcock, N., Briggs, M., Carr, E., & Barker, K. (2014). Meta-ethnography 25 years on: Challenges and insights for synthesizing a large number of qualitative studies. *BMC Medical Research Methodology*, 14(80), 1-14. doi:10.1186/1471-2288-14-80.

- Tucker, R. (2015). The color of mass incarceration. *Ethnic Studies Review*, 37-38(1), 135-149. doi:10.1525/esr.2017.37\_38.1.135
- Turney, K. (2014). Stress Proliferation across Generations? Examining the Relationship between Parental Incarceration and Childhood Health. *Journal Of Health And Social Behavior*, 55(3), 302-319. doi: 10.1177/0022146514544173
- U.S. Department of Education. (2019). *Federal Student Aid for Students in Adult Correctional and Juvenile Justice Facilities*. Washington, DC.
- U.S. Department of Housing and Urban Development. (2016). *Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions*. Washington, DC.
- Washington, D. (2018). Mass incarceration: Overview of its effects on black and brown individuals, with policy recommendations using family engagement to address recidivism. *Columbia Social Work Review*, 9, 34-44.
- Weathers, N., Fomotar, M., Maison-Fomotar, M., Hoffman, B., & Hudson, A. (2017). Perceptions of HIV pre-exposure chemoprophylaxis among HIV-negative, post-incarcerated, African American MSM. *GSTF Journal of Nursing and Health Care*, 4(1), 1-9.
- Wildeman, C., & Wang, E. (2017). Mass incarceration, public health, and widening inequality in the USA. *The Lancet*, 389(10077), 1464-1474. doi:10.1016/s0140-6736(17)30259-3.
- Wolcott, H. F. (2008). *Ethnography: A way of seeing*. Plymouth, UK: AltaMira Press.

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: epistemological, theoretical, and methodological differences. *European Journal of Education*, 48(2), 311-325. doi:10.1111/ejed.12014.